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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application of Acid Number

16 / 644309

CLAIMS AS FILED - PART I

(Column 1) : (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA:
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY		OTHER THAN SMALL ENTITY.	
RATE	FEES	RATE	FEES
	\$ _____		\$ _____
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
4 \$ _____ =		4 \$ _____ =	
TOTAL		TOTAL	

CLAIMS AS AMENDED - PART II

12-22-01a

(Column 1) (Column 2) (Column 3)

AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESÉNT EXTRA
		TOTAL (37 CFR 1.64(b))	Klaus	49	= —
	Independent (37 CFR 1.64(b))	7	Klaus	7	= —

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(g))

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X \$ ____ =		OR	X \$ ____ =	
X \$ ____ =		OR	X \$ ____ =	
X \$ ____ =		OR	X \$ ____ =	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

AMENDMENT	
	1 (2) C.R.
	Independent (2) C.R.
	Fairfax

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESERVE EXCEPT
Total (2) C.R. + 1 (2) I.I.	Minus	"	-
Independent (2) C.R. + 1 (2) I.I.	Minus	***	-

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RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
1.3 _____ =		1.3 _____ =	
1.3 _____ =		1.3 _____ =	
1.3 _____ =		1.3 _____ =	
TOTAL ADD'L FEE		TOTAL ADD'L FEE	

AMENDMENT	
	Te
(1) CRA	
Indepen	
(2) CGP	
	First

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	
Total 121 CLAIMS	"	Minus	"	"
Independent 121 CLAIMS	"	Minus	---	-

FIRST PRESENTATION OF SELECTED DOCUMENTS FROM THE CECI LIBRARY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
1.5	=	OR	1.5
2.5	=	OR	2.5
3.5	=	OR	3.5
TOTAL		TOTAL	
ADDITIONAL FEE		ADDITIONAL FEE	

If the entry in column 3 is less than the entry in column 2, write 0 in column 3.

* If the Highest Number Previously Paid For in This State is less than the entry in Column 2, write it in Column 3.

Using Diagnostic Reasoning: Preworkshop Plan for the First 3 PACEs (3 days plus 1 week)

The Highest Number Previously Paid For (Total of independent or the highest number found in the previous 12 months)

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit for the public, which is to be paid by the PTO for processing an application. Considerations are governed by 35 U.S.C. § 322 and 37 CFR 1.14. This collection of information is made in accordance with the following: preparing and submitting the completed application form to the PTO (1.10). Time will vary depending upon the complexity of the case. Any comments or the amount of time you expect to complete this form and its supporting or accompanying documents should be sent to the Patent Information Office, U.S. Patent and Trademark Office, 1500 M Street, NW, Washington, DC 20591-0000, telephone (202) 707-1450, facsimile (202) 707-1455, or e-mail (11703510) from 8:00 AM until 4:00 PM, Monday through Friday, except Federal holidays.